

**GD****53-01**

KANSAS SECRETARY OF STATE

**General Partnership/Limited Liability  
Partnership Statement of Dissolution****CONTACT: Kansas Office of the Secretary of State**Memorial Hall, 1st Floor  
120 S.W. 10th Avenue  
Topeka, KS 66612-1594(785) 296-4564  
kssos@sos.ks.gov  
www.sos.ks.gov*Above space is for office use only.***INSTRUCTIONS:** *All information must be completed or this document will not be accepted for filing.  
Please read instructions before completing.***1. Business entity ID  
number:***This is not the Federal Employer  
ID Number (FEIN)***2. Name of partnership:***Name must match the name on  
record with the Secretary of State***3. The above-named partnership has dissolved and is winding up its business.****4. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct and that I have remitted the required fee.***Signature of partner**Date (month, day, year)**Name of signer (printed or typed)***i Instructions:**

- ☐ 1. A certified copy of a statement of dissolution filed in another state may be filed instead of this form.
- ☐ 2. For a limited liability partnership: If this form is submitted after the close of the entity's tax year an annual report and fee must be submitted along with or prior to dissolution. If the entity has forfeited, it must reinstate before dissolution.
- ☐ 3. Submit this form with the **\$35** filing fee.

**STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO [WWW.SOS.KS.GOV](http://WWW.SOS.KS.GOV). UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.****NOTICE:** *There is a \$25 service fee for all checks returned by your financial institution.  
All information must be completed or this document will not be accepted for filing.*